



**COUNTY OF LOS ANGELES  
DEPARTMENT OF AUDITOR-CONTROLLER**

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October 2, 2007

TO: Supervisor Zev Yaroslavsky, Chairman  
Supervisor Gloria Molina  
Supervisor Yvonne B. Burke  
Supervisor Don Knabe  
Supervisor Michael D. Antonovich  
*Maria Chua*  
FROM: J. Tyler McCauley *For*  
Auditor-Controller

SUBJECT: **GROUP HOME PROGRAM MONITORING REPORT – HOPE HOUSE,  
INCORPORATED - HOPE HOUSE GROUP HOME**

We have completed a review of Hope House Group Home (Group Home or Agency) operated by Hope House, Incorporated. The Group Home contracts with the Department of Children and Family Services (DCFS) and the Probation Department (Probation).

Hope House Group Home is a forty-bed facility, which provides care for boys ages 6-17 years who exhibit behavioral, social and emotional difficulties. At the time of the monitoring visit, Hope House Group Home was providing services for fourteen DCFS children.

Hope House Group Home is located in the First District.

**Scope of Review**

The purpose of the review is to determine whether the Agency is providing the services as outlined in their Program Statement. Additionally, the review covers basic child safety and licensing issues and includes an evaluation of the Agency's Program Statement, internal policies and procedures, child case records, a facility inspection and interviews with children placed in the Group Home at the time of the review. Interviews

*"To Enrich Lives Through Effective and Caring Service"*

with children are designed to obtain their perspectives on the program services provided by the Agency and to ensure adherence to the Foster Youth Bill of Rights.

### **Summary of Findings**

Generally, the Agency is providing the services as outlined in their Program Statement. The Agency needs to assess all children for needed services within thirty days of placement and ensure that children taking psychotropic medications are routinely seen by the prescribing psychiatrist.

Attached is a detailed report of the review.

### **Review of Report**

We discussed our report with the Agency's management. In response to the recommendations made in the report, the Agency's management completed a corrective action plan (attached) which we approved. We thank the management and staff for their cooperation during our review.

If you have any questions, please contact me or have your staff contact Don Chadwick at (626) 293-1102.

JTM:DC:CC:jdh

### **Attachments**

c: William T Fujioka, Chief Executive Officer  
Patricia S. Ploehn, Director, DCFS  
Susan Kerr, Chief Deputy Director, DCFS  
Robert B. Taylor, Chief Probation Officer  
David A. Bernstein, Executive Director, Hope House Group Home  
Public Information Office  
Audit Committee

**Hope House, Incorporated  
Hope House Group Home  
El Monte, California 91732  
License Number: 191501937  
Rate Classification Level: 4H**

**I. Facility and Environment**

**Method of assessment – Observation**

**Comments:**

Hope House Group Home is located in a residential community. The exterior of the Group Home is well maintained. The front and back yards are clean and adequately landscaped.

The interior of the Group Home is well maintained. The common quarters are neat and clean. There is adequate furniture and lighting in the Group Home. The Group Home provides a home-like environment.

Children's bedrooms are well maintained. The rooms are clean and orderly and have age-appropriate personalized decorations. There is adequate furniture, lighting and storage space. Window coverings and window screens are in good repair. The mattresses are comfortable, and the beds all have a full complement of linens. Children's sleeping arrangements are appropriate.

The Group Home maintains age-appropriate and accessible recreational equipment. There are also board games, a TV, a DVD player, books and a computer with a variety of programs.

The Group Home maintains a sufficient supply of perishable and non perishable foods.

**Recommendation**

**There are no recommendations for this section.**

**II. Program Services**

**Method of assessment – Review of relevant documents and interviews**

**Sample size: Five**

**Comments:**

Children meet the Group Home's population criteria as outlined in their Program Statement. However, one child was not assessed for needed services within thirty days of placement.

The treatment team develops and implements the Needs and Services Plans (NSPs) with input from the child. The NSPs are current, comprehensive and include short and long term goals.

Case files reflect adequate documentation to show that children are receiving treatment services.

**Recommendation**

1. Hope House management assess all children for needed services within thirty days of placement.

**III. Educational and Emancipation Services****Method of assessment – Review of relevant documents and interviews**

**Sample size: Five**

**Comments:**

Children are attending school. Children are provided with educational support and resources to meet their educational needs and are progressing satisfactorily in school. The Group Home's program includes the development of children's daily living, self-help and survival skills.

Children are provided with opportunities to participate in emancipation and vocational programs as appropriate.

**Recommendation**

**There are no recommendations for this section.**

**IV. Recreation and Activities****Method of assessment – Review of relevant documents and interviews**

**Sample size: Five**

**Comments:**

The Group Home provides children with sufficient recreational activities and leisure time. Children are provided with opportunities to participate in planning activities. Children also participate in extra-curricular, enrichment and social activities in which they have an interest.

The Group Home provides transportation to and from the activities.

**Recommendation**

**There are no recommendations for this section.**

**V. Psychotropic Medication****Method of assessment – Review of relevant documents****Comments:**

Children have current court authorizations for psychotropic medication. However, there is not sufficient documentation to confirm that children taking psychotropic medications are routinely seen by the prescribing psychiatrist.

Children are informed about their psychotropic medication and are aware of their right to refuse medication. Medication distribution logs are properly maintained.

**Recommendation**

**2. Hope House management ensure that children taking psychotropic medications are routinely seen by the prescribing psychiatrist.**

**VI. Personal Rights****Method of assessment – Interviews with children****Sample size: Five****Comments:**

Children are informed about the Group Home's policies and procedures. Children report that they feel safe in the Group Home and are provided with appropriate staff supervision. Children express satisfaction with the quality of their interactions with staff and report that the staff treats them with respect and dignity.

Children report that they are assigned chores that are reasonable and not too demanding. Children are allowed to make and receive personal telephone calls, send

and receive unopened mail and have private visitors. Children attend religious services of their choice.

Children report that the discipline policies are consistently enforced and that there are fair and appropriate consequences for inappropriate behavior.

Children report satisfaction with meals and snacks.

Children receive voluntary medical, dental and psychiatric care.

**Recommendation**

**There are no recommendations for this section.**

**VII. Clothing and Allowance**

**Method of assessment – Review of relevant documents and interviews**

**Sample size: Five**

**Comments:**

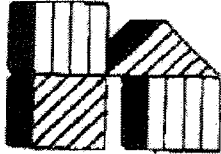
The Group Home provides appropriate clothing, items of necessity and the required \$50 monthly clothing allowance to children. Children are provided with opportunities to select their own clothes. Clothing provided to children is of good quality and of sufficient quantity.

The Group Home provides children with the required minimum weekly allowance. Children spend their allowances as they choose.

The Group Home provides children with adequate personal care items. Children are also encouraged and assisted in creating and maintaining photo albums/life books.

**Recommendation**

**There are no recommendations for this section.**



**Hope House For The Multiple-Handicapped Inc.**  
4215 North Peck Road, El Monte, California 91732

Executive Director  
David A. Bernstein, M.S.W.

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August 30, 2007

Los Angeles County  
Department of Auditor-Controller  
500 W. Temple St, Room 515-A  
Los Angeles, CA 90012  
Fax: (213) 346-9020

Attention: Ms. Candace Rhue, GH Audit Supervisor

Dear Ms. Rhue,

I am writing to provide a corrected CAP for the recent report on our group home.

II. Program Services – "Hope House management assess all children for needed services within the first thirty days of placement."

**Current Status: Implemented**

**Corrective Action Taken:**

- 1) The facility Records Clerk will schedule each child's initial thirty day assessment meeting within the first 30 days of placement.
- 2) The Program Director will insure each child is assessed within the first thirty days and coordinate the assessment.

**Plan to ensure deficiency will not occur again in the future:**

- 1) The Program Director is responsible for implementing the corrective action.
- 2) The Assistant Administrator will be performing the Quality Assurance Role for the monitoring of the CAP.

V. Psychotropic Medication – "Hope House management ensure that children taking psychotropic medications are routinely seen by the prescribing psychiatrist."

**Current Status: Implemented**

**Corrective Action Taken:**

1) The facility Health Coordinator will schedule specialty appointments for clients receiving psychotropic medications on the following schedule of care: The facility psychiatrist sees each child on a quarterly basis, and in between those visits, the facility neurologist sees each child on his visit. The pediatric neurologist monitors all psychiatric medication during the monthly visit and implements the psychiatric medication plan as outline in the psychiatric visit.

(\* Please note that Medi-Cal does not pay for physician services more often than 1 time per 30 days for each physician; therefore we schedule visits to occur between every 5 weeks)

2) The facility will adhere to the following practices in serving clients:

**Medical and Health Care Services**

**Purpose:**

To delineate the integrated medical and health care services provided by the facility.

**Policy:**

Physicians, nurses, and paraprofessional staff provide and/or coordinate integrated, multimodal health care services to meet the primary and specialty needs of the residents.

**Primary Care Services:**

Primary care services are provided by a family practice physician who visits the facility routinely, approximately every 5 weeks.

The primary physician reviews all medication orders during routine monthly visits.

Care is documented in the medical chart.

Service is reimbursed via Medi-Cal.

Well-child care consists of:

Annual physical

Annual lab of CBC, CMP. Other labs are ordered per assessed need.



**Immunizations**

Annual flu vaccine

Vision examination by optometrist; ophthalmology consult as needed.

Tuberculin screening every 2 years or as ordered by MD

Audiological exam

Dental exam and services

**Acute Care Services:**

Acute care services are provided as needed for illness at the facility or office.

Phone consultation is available by page.

**Emergency Services**

Emergency services are provided by transfer agreement with Arcadia Methodist Hospital if staff are able to transport.

Residents may be taken to the ER during evening and weekend hours.

Paramedic services are provided by LA County and transport is to an available hospital.

Emergency visits are documented in the resident's record of visits.

**Specialty Services**

Specialty medical care is provided per assessed need.

Specialty services are provided through community physicians, clinics, etc.

Pediatric neurological care is provided through the facility's pediatric neurologist.

Child/adolescent psychiatry is provided through the facility's child/adolescent psychiatrist.

All residents with neurological and/or psychiatric problems are seen and reviewed with the pediatric neurologist in an IDT format which includes the nurse consultant, health services coordinator, program director, direct care professionals, administrator, and etc. routinely every five (5) weeks.

All residents with psychiatric problems are seen and reviewed in an IDT format by the psychiatrist quarterly.

The pediatric neurologist monitors all psychiatric medication during the monthly visit and implements the psychiatric medication plan as outlined in the psychiatrist visit.

All physicians are available to the nurse consultant between visits.

Psychiatry consults are available to the neurologist and nurse consultant between visits.

Neurological and psychiatric records include a multimodal and integrated format reflecting the health and behavioral status of the resident.

Residents are monitored for adverse effects by the direct care professionals and are well trained to report health responses to the nurse personnel.

A nurse consultant is available 24 hours, 7 days per week.

Psychotropic medications are reviewed with the resident, family, and case manager when prescribed.

Consents are obtained initially and renewed annually from the authorized representative, i.e. parent or guardian, or the dependency court if applicable.

Court consents are renewed every 6 months.

Family and case managers are notified in writing of changes to the psychotropic medication and plans.

Health care and physician orders are documented in the medical chart using standard medical format.

All health care visits to community providers are documented in the resident's record of visits.

**Plan to ensure deficiency will not occur again in the future:**

- 1) The Health Coordinator is responsible for implementing the corrective action.
- 2) The Assistant Agency Director will be performing the Quality Assurance Role for the monitoring of the CAP.

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Please contact me if there are any questions, at (626) 443-1313.

Sincerely,



David A. Bernstein  
Executive Director